

Instructions

Invoice Number	This is the number assigned by the Contractor for the invoice.
Cost Agreement # (CA#)	This is the authorization number assigned by the Department. This number may be found on the letter from the Department approving the scope of work.
Contractor	This box is to be checked if payment is to be made to the Contractor
Owner or Operator/ Responsible Party	This box is to be checked if payment is to be made to the owner/operator of the underground storage tanks or their authorized agent.
Cancelled Checks	Copies of the front and back of the cancelled checks must be submitted to the Department if the Owner/Operator is the payee or if the cost is to be applied to a SUPERB deductible. The cancelled checks should be attached to the invoice form. If you have not received the cancelled check from your banking institution, you may request the Contractor to provide a notarized statement certifying the amount of payment that has been received.
Amount Requested	This is the amount of financial compensation requested for the services performed. The amount requested may not exceed the amount approved by the Department for the tasks performed or the amount billed by the primary Contractor, whichever is less.
W-9/Tax ID	Please submit a W-9, Tax Identification Number if one is not on file with DHEC. DHEC requires a W-9 before payment may be issued to a Contractor or Well Driller.
Base Price + amount from the Assessment Component Invoice	The base price is the standardized amount allowed for the Initial Ground-Water Assessment. Please attach the Assessment Component Invoice for any footage over 25 feet and sampling of any potential receptor (e.g. potable/irrigation wells, streams.)
Total Amount Requested = base amount \$_____ + \$_____ Component Invoice amount	



South Carolina Department of Health and Environmental Control

IGWA INVOICE

SOUTH CAROLINA
 Department of Health and Environmental Control (DHEC)
 Underground Storage Tank Program
INITIAL GROUND WATER ASSESSMENT (IGWA)
 *****See back of form for Instructions*****

UST PERMIT # _____ COUNTY _____

FACILITY NAME _____

Street Address _____

INVOICE # _____ COST AGREEMENT # _____

For work performed during (specify time period) _____ to _____

I certify under penalty of law, that I have personally examined and am familiar with the information submitted in this and all attached documents; and that based on my inquiry of those individuals responsible for obtaining this information and any other information I may be aware of, I believe that the submitted information is true, accurate, and complete. I further agree in accordance with any DHEC demand letter, to promptly repay any overpayment received.

****Please fill out BOTH the Contractor and Owner/Operator Sections (original signatures). Also indicate the Payee by placing a check in the box next to the Contractor or Owner/Operator.****

Payee

CONTRACTOR

Name (Type or Print) _____ Federal Tax ID or Social Security Number if Payee _____

Company _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Signature (please use non-black ink) _____ Title _____ Date Signed _____

Payee

OWNER OR OPERATOR

Name (Type or Print) _____ Federal Tax ID or Social Security Number if Payee _____

Company _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Signature (please use non-black ink) _____ Title _____ Date Signed _____

If payment is to be sent to an address other than above, please indicate below:

Name of Individual or Company (please print) _____ Federal Tax ID or Social Security Number if Payee _____

Address (please print) _____ City _____

Base rate for IGWA:	\$ _____				
For add'l footage and/or sampling attach the Assessment Component Invoice and enter the add'l amount	+	\$ _____	+	\$ _____	
Total Amount Requested:		\$ _____	=	\$ _____	

SCDHEC USE ONLY

\$ _____

\$ _____

\$ _____

Total Amount Requested is for the IGWA plus amount from the attached Assessment Component Invoice.

OWNER OR OPERATOR ATTACH COPIES OF CANCELLED CHECKS (FRONT and BACK) or CONTRACTOR CAN SUBMIT A NOTARIZED STATEMENT CERTIFYING THE AMOUNT OF PAYMENT THAT HAS BEEN RECEIVED